

IN THE UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WISCONSIN

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UNITED STATES OF AMERICA,  
Plaintiff,

AFFIDAVIT IN SUPPORT OF MOTION FOR  
RECONSIDERATION OF SENTENCE

Case No. 08-CR-113

v.

KELLY A. GARCIA

Defendant.

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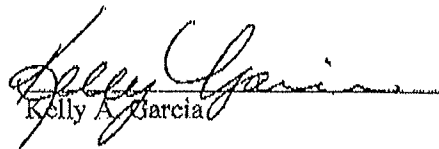
STATE OF WISCONSIN     )  
                                  ) ss.  
COUNTY OF DANE         )

I, Kelly A. Garcia, being duly sworn on oath, do hereby depose and state the following:

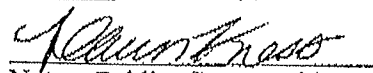
1. I am defendant in this matter.
2. On May 20, 2009 the court imposed a 6month sentence in the above matter.
3. I have numerous medical conditions which I do not believe the court was fully advised of at sentencing which I believe warrant allowing me to serve my sentence on home confinement.
4. I have had severe psoriasis since the age of 3 and I have had psoriatic arthritis for the last 10 years. I have been seeking medical treatments for my skin and joints throughout my life.
5. Most recently I have been receiving Remicade infusions for my skin disease and arthritic symptoms. I receive these infusions every 8 weeks.
6. The infusions only provide about 40% joint relief for the first 3 weeks after the treatment. In addition, while it initially helps with my psoriasis, it gradually returns around the 4<sup>th</sup> week after the infusion.
7. During the infusion and several days after I am extremely fatigued, with an upset stomach and I am very dizzy.
8. Two weeks after the infusion I get severe headaches daily, my throat becomes sore and I experience numbness in my arms and legs. I also experience somewhat less severe dizziness than during the treatment.

9. I also am only able to sleep 3-5 hours per night. I wake constantly from pain and my arm and legs are completely numb.
10. The Remicade infusions are paid through SSI, which my physician, Dr. Schope, through extraordinary effort, was able to obtain approval in February 2009. If I am incarcerated my SSI will be terminated. While I am permitted to reapply for SSI after I have served my sentence, my medical care will be severely compromised during the interruption of coverage.
11. The Remicade infusions have helped to improve my symptoms; however, I have the following side effects and health issues:
  - a. I have had open sores on my arms for the last 3 months, my legs for the last 5 months and my feet for the last 8 months.
  - b. I have had shingles for the last 3 months and despite having taken medication, the shingles are still present
  - c. I have had chest pains for the past 3 -- 4 months
  - d. I have a hard time breathing because of continued sinus infection
12. I also believe that my current family circumstances warrant my being permitted to serve my jail time on home confinement. If I serve my sentence in a correctional facility it will be an extreme hardship on my family. My mother had a heart attack over the weekend. She and my father are the sole caretakers of my disabled brother, who is mentally retarded, has diabetes and colitis. He cannot control his bowel movements, disperse his own medication or care for himself whatsoever. My parents are aged and with my mother's recent heart attack, my father is unable to provide care for both my brother and my mother.
13. In addition, my other brother has been moved to Hospice in Tulsa Ok. He has been given 6 months to live.
14. I am providing the court with this information in an attempt to establish why my sentence should be reconsidered. I am not requesting less time on my sentence, only that I be permitted to serve it on home confinement.
15. This affidavit is made in support of the Motion to which it is attached.

Dated this       day of July, 2009.

  
Kelly A. Garcia

Subscribed and sworn to before me  
this 1<sup>st</sup> day of July, 2009.

  
Notary Public, County of Dane  
My commission is permanent.

